



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/708,303
		Filing Date	February 24, 2004
		First Named Inventor	Wong, Wilson
		Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission	5	Attorney Docket Number	015114-068500US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Including SB/08B, 3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
		Copies of 4 Cited References (not included in total pages submitted)
		Return Postcard (1 page)
<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

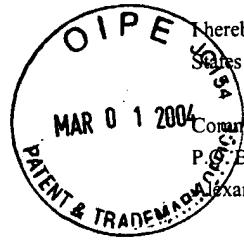
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Melvin D. Chan	
Signature		
Date	February 25, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Anne Currier Carr		
Signature		Date	February 25, 2004



hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On February 25, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Jeanne Casini Cain

PATENT
Attorney Docket No.: 015114-068500US
Client Reference No.: A1202

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WILSON WONG et al.

Application No.: 10/708,303

Filed: February 24, 2004

For: PROGRAMMABLE SLEW RATE
CONTROL FOR DIFFERENTIAL
OUTPUT

Examiner: Unassigned

Art Unit: Unassigned

**INFORMATION
DISCLOSURE STATEMENT
UNDER 37 CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

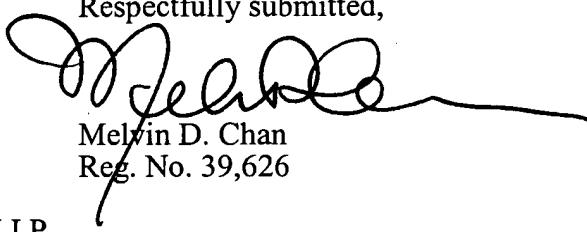
Sir:

The references cited on attached form PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Melvin D. Chan
Reg. No. 39,626

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
MDC/acc
60149962 v1

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 1			Complete if Known	
<i>Application Number</i>	10/708,303			
<i>Filing Date</i>	February 24, 2004			
<i>First Named Inventor</i>	Wong, Wilson			
<i>Art Unit</i>	Unassigned			
<i>Examiner Name</i>	Unassigned			
	<i>Attorney Docket Number</i>	015114-068500US		

NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	AA	Altera Data Sheet, "Max 7000: Programmable Logic Device Family," Altera Corp., ver. 6.6, June 2003, pp. 1-21.	
	AB	Altera Data Sheet, "Max 9000: Programmable Logic Device Family," Altera Corp., ver. 6.5, June 2003, pp. 1-46.	
	AC	Altera Data Sheet, "FLEX 10K: Embedded Programmable Logic Device Family," Altera Corp., ver. 4.2, January 2003, pp. 1-40.	
	AD	<u>Cyclone Device Handbook</u> , vol. 1, Chapter 2, "Cyclone Architecture," Altera Corp., CS1002-1.2, October 2003, pp. 2-1 to 2-56.	

Examiner Signature	Date Considered
--------------------	-----------------

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

²Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.